

In this space, the applicant

must attach a clean, full-face photo of head and shoulders

taken within the past

six (6) months. 2"x2" SIZE PHOTO

ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

Phone: (334) 420-7231 Fax: (334) 263-6115 OFFICIAL USE by Alabama Athletic Commission

Acknowledgement of Receipt

APPLICATION FOR LICENSURE AS A CHIEF INSPECTOR

TYPE: [] BOXING [] KICKBOXING
[] MMA [] TOUGHMAN
[] WRESTLING [] BARE KNUCKLE

(Select only **ONE TYPE** above)

*A separate application is required for each additional TYPE.

I hereby make application for licensure in the State of Alabama to serve as a **CHIEF INSPECTOR** under the jurisdiction of the Alabama Athletic Commission:

1.	Full Name	
2.	Mailing Address	
	City, State, Zip	
3.	E-mail	
4.	Telephone ()	
5.	Are you a United States Citizen? [] Yes [] No	
	If Yes, provide a US Citizen – Citizenship/Legal Presence Document If No, provide a Non-US Citizen – Citizenship/Legal Presence Document	
6.	Social Security Number/(REQUIRED)	
7.	Have you had at least five (5) years documented experience as an Official in the TYPE of events applying for licensure? []Yes []N	lo
	*Indicate TOTAL number of years:BOXINGKICKBOXINGMMATOUGHMANWRESTLING	
8.	Have you received training through the Association of Boxing Commissions (ABC) as having passed the examination []Yes []N	o

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Full Name:	(Print)	
Social Security No		
Social Security 110.		

	Social Security No	·/	
> CHARACTER REFI	ERENCES: Below, pleas	e provide the names and current contact inforn	nation of three (3) references who can attest to
		INSPECTOR, and ATTACH reference letters	
NAME:			
		Address:	TELEPHONE #:
			-
			-
		AFFIDAVIT	
swear or affirm that the infor certify that I have <u>read the A</u> this application is being subn Alabama Athletic Commission recommendation that may ha Alabama Athletic Commission	mation provided on and att AC Administrative Code a nitted. I also hereby author on or its authorized represe we bearing on my eligibilit on to release to any other relential that may have bearing	nd will comply with the State Laws and Rules ize and direct any person, agency, firm, or othe ntative, any information, communication, repoy for or maintenance of the license for which I egulatory entity in any jurisdiction any informang on my eligibility for or maintenance of any l	the best of my knowledge and belief. I further governing the license and practice for which rentity to release, upon the request of the rt, record, statement, disclosure, or am applying. I also here by authorize the tion requested about me that may otherwise be
		Signature of Applicant	
ADDROVED BY ALABAMA ATE	H FTIC COMMISSION	DATE	

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	[] WRESTLIN	G[]BARE KNUCKLE
	(Select only ONE	E TYPE above)
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OFFICIAL'S EXPERIENCE

*NOTE: IF YOU HAVE A RESUME OR LIST OF BOUT RECORDS, PLEASE ATTACH OR SEND TO:

leah@alstateboard.com

*OFFICIAL'S EXPERIENCE INSTRUCTIONS:

Document a minimum of **five (5) years** of experience as an Official relevant to the **TYPE** of events that you are applying, including promoters' names, addresses, phone numbers and dates of events.

**At minimum, please provide enough information for us to be able to search and find a bout within online records and databases, should we need to do so.

PROMOTER'S NAME:		PHONE N	NUMBER:
PROMOTER'S ADDRESS:		CITY & STATE EVENT HELD:	
DATE of SERVICE/EVENT: _	mm dd yyyy		
Bout between	vs	Results:	Official:
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